

For Office Use Only							
Date rec'd: _	Check #						
Amount:	Permit #:						
Rec'd from:_							

CLOSURE PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

Where is the work being conducted?			Fac	Facility Owner information					
Facility Name:			Na	Name:					
Physical address:			Ма	Mailing address:					
City:			Cit	City:					
Zip:			Sta	State:			Zip:		
Phone:	Fax:		Ph	one:		Fax:			
Facility ID Number:									
Date of proposed work									
Licensed remover or inspecto									
'									
Tank #	T	THIS LI	NE F	OR OFF	ICE U	JSE ON	LY		
Tag Number									
To be closed	☐ Tank	☐ Pipe	☐ Tank	☐ Pipe	☐ Tank	☐ Pipe	☐ Tank	☐ Pipe	
Tank Capacity (gallons)									
Substance Stored									
Product Pipe Length and Diameter									
Vent Pipe Length and Diameter									
Month/Year tank(s) last used: Where will liquids and sludge Where will tanks and piping b Which (approved) laboratory Describe closure and any spe	be dispose e stored or will perform	disposed of soil analysi	? s?						
I certify that the information request a permit for the pro			olication	is true and c	orrect, an	d that I am	authorize	d to	
Applicant Signature:						Date: _			
I am the: Owner	Licensed	D		presentative of					

Permit Review Fee:	
Tank closure (including associated piping): \$100/permit* + \$.02 x total gallons	
Piping only: \$50 for <= 50 feet of piping,\$100 for >50 feet of piping	
Inspection Fee deposit: \$90 min	
TOTAL Permit review fee (maximum \$750)	

Mail Completed Applications to:

Department of Environmental Quality
Waste & Underground Tank Mgmt Bureau
PO Box 200901

PO Box 200901 Helena, MT 59620-0901

Phone: (406) 444-5300 Fax: (406) 444-1374

^{*} Omit \$100 base permit fee if you have already included it with the Major Installation or Minor Installation application.

^{** \$200} maximum per permit application packet. Calculate fee based on total length of piping installed and/or closed